

# Exhibit 7

1                   IN THE UNITED STATES DISTRICT COURT  
2                   FOR THE NORTHERN DISTRICT OF OHIO  
3                   EASTERN DIVISION

4                   IN RE NATIONAL PRESCRIPTION      | MDL No. 2804  
5                   OPIATE LITIGATION                 | Case No. 17-MD-2804  
6                   APPLIES TO ALL CASES               | Hon. Dan A. Polster

7                   - - -  
8                   Wednesday, April 24, 2019  
9                   - - -

10                  CONFIDENTIAL - SUBJECT TO FURTHER  
11                  CONFIDENTIALITY REVIEW  
12                  - - -  
13

14                  Volume 2  
15

16                  VIDEOTAPED DEPOSITION of MATTHEW PERRI, III,  
17                  BS Pharm, Ph.D., RPh, held at Jones Day,  
18                  1420 Peachtree Street, N.E., Suite 800, Atlanta,  
19                  Georgia, commencing at 8:35 a.m., on the above date,  
20                  before Susan D. Wasilewski, Registered Professional  
21                  Reporter, Certified Realtime Reporter and Certified  
22                  Realtime Captioner.

23                  - - -  
24                  GOLKOW LITIGATION SERVICES  
25                  877.370.3377 ph | 917.591.5672 fax  
                     deps@golkow.com

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<p>1 document that language comes from?</p> <p>2 A. I would have to see the document to make</p> <p>3 sure, but -- I mean, I don't remember the specific</p> <p>4 document.</p> <p>5 Q. Okay. I'll show it to you. Let's mark this</p> <p>6 Exhibit 30.</p> <p>7 A. Oh, yeah.</p> <p>8 (Perri Exhibit 30 was marked for</p> <p>9 identification.)</p> <p>10 BY MS. ZOLNER:</p> <p>11 Q. This document is titled: Objection Handling</p> <p>12 Workshop, Training Class July 7th and 8th, 2010.</p> <p>13 Correct.</p> <p>14 A. Yes.</p> <p>15 Q. In going back to your report, you explain in</p> <p>16 Paragraph 135, Note 264 -- it's a footnote to</p> <p>17 Paragraph 135, that: "Sales personnel were trained</p> <p>18 on how to handle objections to multiple issues,</p> <p>19 including concerns over addiction. See, e.g.,</p> <p>20 Kadian objection handler ACTAVIS0003698."</p> <p>21 And I think my question is a simple one. Is</p> <p>22 the Objection Handling Workshop document that we</p> <p>23 just marked Exhibit 30 the type of training</p> <p>24 presentation that you're talking about in Paragraph</p> <p>25 135?</p>	<p>1 therapy, and proper dispensing and storage are</p> <p>2 appropriate measures that help to limit abuse of</p> <p>3 opioid drugs."</p> <p>4 Q. Okay. And I told you you were going to need</p> <p>5 Exhibit 29 again. That was the one I said to keep</p> <p>6 close at hand. If you look at page 15 of that</p> <p>7 document, this is Section 9.2, it's titled "Abuse."</p> <p>8 A. Okay.</p> <p>9 Q. Could you please read the second full</p> <p>10 paragraph under 9.2?</p> <p>11 A. "Drug abuse is the intentional and</p> <p>12 nontherapeutic use -- "</p> <p>13 Q. Actually, I'm sorry, I don't want you to</p> <p>14 read something that you don't need to read. That is</p> <p>15 not the right section.</p> <p>16 Next page. Sorry about that. This is the</p> <p>17 second full paragraph at the top of the next page,</p> <p>18 right before you get to Section 9.3, Dependence.</p> <p>19 A. "Proper assessment of the patient, proper</p> <p>20 prescribing practices, periodic reevaluation of</p> <p>21 therapy, and proper dispensing and storage are</p> <p>22 appropriate measures that help to reduce abuse of</p> <p>23 opioids."</p> <p>24 Q. Do you agree that the statement that you</p> <p>25 cited from the Objection Handling Workshop,</p>
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<p>1 MR. CHALOS: Object to the form.</p> <p>2 A. Yes.</p> <p>3 Q. Earlier in your report, on Paragraph --</p> <p>4 under Paragraph 89 you have a Note 169 where you</p> <p>5 explain that: "Handling objections and reducing</p> <p>6 concerns prescribers may have about a medication is</p> <p>7 a staple of sales training and development."</p> <p>8 Let me know when you are there. I'm sorry.</p> <p>9 I thought you were already on Paragraph 89. I'm</p> <p>10 looking specifically at Note 169.</p> <p>11 A. Yes, I'm there.</p> <p>12 Q. Looking again at Exhibit 30, I'm just asking</p> <p>13 you to compare and contrast your report with what</p> <p>14 I've marked as Exhibit 30, the Objection Handling</p> <p>15 Workshop. If you turn to Page 8 of this document,</p> <p>16 Exhibit 30, you see the statement you cited about</p> <p>17 proper assessment of the patient, right? And it's</p> <p>18 the page that begins with -- says at the top:</p> <p>19 "Objection 4. I'm concerned about the abuse</p> <p>20 potential of Kadian."</p> <p>21 A. Right.</p> <p>22 Q. Again, if you could just read that first</p> <p>23 bullet.</p> <p>24 A. "Proper assessment of the patient, proper</p> <p>25 prescribing practices, periodic reevaluation of</p>	<p>1 Exhibit 30, comes directly from the Kadian</p> <p>2 prescribing information that we marked as</p> <p>3 Exhibit 29?</p> <p>4 A. Yes.</p> <p>5 MR. CHALOS: Object to the form. I'm sorry.</p> <p>6 I lost you. Where did you say he -- I'm back</p> <p>7 on -- I may be a few questions behind. Where did</p> <p>8 he cite that in his report?</p> <p>9 MS. ZOLNER: Where did he cite what?</p> <p>10 MR. CHALOS: That sentence you just had him</p> <p>11 read.</p> <p>12 MS. ZOLNER: The sentence that I just read</p> <p>13 was cited in his report in Paragraph 1 -- oh,</p> <p>14 101.</p> <p>15 MR. CHALOS: Page 101?</p> <p>16 MR. CIULLO: Yes.</p> <p>17 MR. CHALOS: Okay. Sorry. I'm just</p> <p>18 having -- you're moving quickly through your</p> <p>19 outline. I'm having trouble keeping up. Page</p> <p>20 101.</p> <p>21 BY MS. ZOLNER:</p> <p>22 Q. Dr. Perri, again, not to be repetitive, but</p> <p>23 can you identify a single specific physician or</p> <p>24 prescriber in Cuyahoga or Summit County to whom</p> <p>25 Actavis communicated any of the statements in any</p>

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<p>1 version of the Kadian learning system?</p> <p>2 A. I did not -- I did not undertake that</p> <p>3 specific analysis, but I know from the testimony and</p> <p>4 the documents in this case that the marketing plans</p> <p>5 and the marketing documents that I saw were</p> <p>6 distributed nationally and used even locally in</p> <p>7 Ohio.</p> <p>8 Q. Do you know that these documents that we've</p> <p>9 been looking at today were distributed in Cuyahoga</p> <p>10 and Summit Counties?</p> <p>11 A. Specifically this document, I don't have</p> <p>12 any -- anything that points to its actual use there</p> <p>13 other than, as I said, the testimony that the</p> <p>14 marketing plans and the marketing materials were</p> <p>15 developed nationally and implemented in Ohio.</p> <p>16 Q. I think you're referring to what you've</p> <p>17 referred to all day as some of the aggregate data</p> <p>18 that you were referring to, right?</p> <p>19 MR. CHALOS: Object to the form.</p> <p>20 A. There is actually a citation in my report I</p> <p>21 think from -- quoting testimony from defendants that</p> <p>22 specifically relates to this issue. So I can look</p> <p>23 for that and point you to that if you need me to.</p> <p>24 Q. I think my question is much more simple. I</p> <p>25 just want to know if you can identify any physician</p>	<p>1 Actavis, correct?</p> <p>2 A. Well, this kind of goes along with what I</p> <p>3 was saying yesterday, that -- when I was asked</p> <p>4 another question along these same lines, that, you</p> <p>5 know, the fact that I can't link a specific</p> <p>6 advertisement to a specific doctor doesn't mean that</p> <p>7 the advertisements weren't present in the</p> <p>8 marketplace, it doesn't mean the doctors didn't see</p> <p>9 them, it just means that I haven't the tools at my</p> <p>10 disposal to make that connection.</p> <p>11 Q. And you haven't made that connection,</p> <p>12 correct?</p> <p>13 A. I make the connection by virtue of the fact</p> <p>14 that I know these materials were used in Ohio and I</p> <p>15 know that doctors in Ohio saw them.</p> <p>16 Q. My question is a different one.</p> <p>17 Can you identify any of the doctors who saw</p> <p>18 them?</p> <p>19 MR. CHALOS: Object to the form.</p> <p>20 A. Yeah, I mean, I can give you the -- I can</p> <p>21 give you doctors' names but it would be a</p> <p>22 presumption that they did or didn't see it in any</p> <p>23 individual case.</p> <p>24 Q. Okay. You talk about KOLs in your report.</p> <p>25 A. Yes.</p>
<p style="text-align: center;">Page 598</p> <p>1 or prescriber in Cuyahoga or Summit who Actavis or</p> <p>2 Allergan communicated with with respect to anything</p> <p>3 related to Kadian marketing?</p> <p>4 A. I guess I'm confused because it sounds like</p> <p>5 to me that your question is asking me that if I say</p> <p>6 no, I can't, then the conclusion that you would draw</p> <p>7 from that is that none of the materials that we're</p> <p>8 looking at today were used in Ohio and specifically</p> <p>9 to these counties, and that's not accurate.</p> <p>10 Q. My question is a yes-or-no question. Can</p> <p>11 you identify a single physician or prescriber in</p> <p>12 either Cuyahoga or Summit County to whom Actavis or</p> <p>13 Allergan communicated any of the marketing</p> <p>14 information we've looked at today?</p> <p>15 MR. CHALOS: Object to the form.</p> <p>16 Q. And if you don't have any names, then --</p> <p>17 MR. CHALOS: Well, object to the form.</p> <p>18 A. I actually have a long list of physicians</p> <p>19 names in Cuyahoga and the other county that you</p> <p>20 mentioned, they are from call notes from another one</p> <p>21 of the defendants, so I don't know that they would</p> <p>22 reflect any activities by your company, but they</p> <p>23 would reflect the names of physicians who were the</p> <p>24 recipients of the marketing that occurred in Ohio.</p> <p>25 Q. But you can't link it back to Allergan or</p>	<p style="text-align: center;">Page 600</p> <p>1 Q. And KOLs are key opinion leaders, right?</p> <p>2 The acronym KOL stands for key opinion leader?</p> <p>3 A. That's right.</p> <p>4 Q. In your report you talk about how KOLs are</p> <p>5 influencers, right?</p> <p>6 A. Yes. I -- that's not my terminology</p> <p>7 necessarily. That's either industry or in some of</p> <p>8 the defendants' terminology.</p> <p>9 Q. Understood. So in Paragraph 67 of your</p> <p>10 report, you include a quote: "Peer-to-peer</p> <p>11 marketing uses key opinion leaders, or influencers,</p> <p>12 and word of mouth to create an expanding awareness</p> <p>13 and more rapid adoption of new pharmaceuticals by</p> <p>14 prescribers and other stakeholders."</p> <p>15 Did I read that right?</p> <p>16 A. Yes.</p> <p>17 Q. Would you agree that in the context of this</p> <p>18 case, a KOL is an influential doctor in the field of</p> <p>19 pain management?</p> <p>20 MR. CHALOS: Object to the form.</p> <p>21 A. KOL could be a pain management, it could be</p> <p>22 addiction, it could be just -- in this case, it</p> <p>23 could have been a general practitioner. It could</p> <p>24 have been a nurse, it could have been a lot of</p> <p>25 different people.</p>

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<p>1 Q. Does simply being a doctor make someone a      2 KOL?      3 A. No. The --      4 MR. CHALOS: Hold on. Object to the form;      5 incomplete hypothetical.      6 A. So the requirements for KOL are completely      7 subjective and they are really up to the company      8 hiring the KOL or employing that strategy. The KOL      9 would be -- and I saw a lot of documents in the      10 record that were evaluations of people who were      11 being considered as key opinion leaders, of      12 databases of people who were either past, present or      13 being considered for the future key opinion leaders,      14 and those people would be evaluated. Some of them      15 were eliminated because they weren't meeting up to      16 certain criteria.</p> <p>17 So the whole idea of key opinion leadership      18 is one that is subjective to the company and if the      19 company thinks that it's a person that's an      20 influential prescriber or other type of      21 practitioner, then that's up to them to decide. The      22 point about what they are is that they are people      23 who influence the opinions of others, and in my      24 report I refer to it -- and it was not my word, it      25 was the word of one of the defendant's witnesses --</p>	<p>1 A. Yes, "Amounts Paid to Key Opinion Leaders."      2 Q. Okay.      3 A. Let me finish my review here.      4 Q. Sure. You just let me know when you are      5 done with your review.      6 A. Yes, ma'am. I'm sorry. It's taking just a      7 moment but these materials were originally in a      8 spreadsheet that was a lot easier to click on tabs      9 than it is to look through them.      10 Q. It's easier to search too, I'm sure.      11 A. Yep. Okay. So other than those four I      12 mentioned, I don't see anything else that I can      13 point to at this time.      14 Q. Okay. And you've just identified four      15 names, right?      16 A. Yes.      17 Q. So let's take a step back. I know earlier      18 today you mentioned that you read -- I think you      19 said portions of Doug Boothe's testimony in this      20 case. Is that accurate?      21 A. Yes.      22 MS. ZOLNER: Do we have his testimony      23 available?      24 MR. CIULLO: Uh-huh.      25 MS. ZOLNER: Can we mark that? Is that</p>
<p style="text-align: center;">Page 602</p> <p>1 that said key opinion leaders are used to infect      2 other doctors with the ideas that they have.      3 Q. Do you have any opinion as you sit here      4 today as to whether Actavis worked with key opinion      5 leaders?      6 A. I think the answer to that is that I do      7 have -- I have seen evidence that Actavis did --      8 well, Actavis I don't know specifically. Allergan      9 or Actavis, because in my analysis I made a note to      10 try and determine if each company did indeed work      11 with key opinion leaders or have key opinion leaders      12 in their sort of cadre of people that they went to,      13 and I know that I have a schedule in my report that      14 we can look at that's broken down by manufacturer.      15 So we can go to that if you need me to look for a      16 document that shows that.      17 Q. Sure. I mean, do you know if Allergan or      18 Actavis worked with key opinion leaders? Is that      19 part of your opinion in this case?      20 A. I will let you know.      21 So it appears that for Allergan I have four      22 entries: Dr. Chester Chorazy, David Sua, a person      23 called Nutel and Stewart Lewis.      24 Q. Are you looking at -- Dr. Perri, are you      25 looking at Schedule 18 in your report?</p>	<p style="text-align: center;">Page 604</p> <p>1 Exhibit 31? It's Page 363.      2 (Perri Exhibit 31 was marked for      3 identification.)      4 BY MS. ZOLNER:      5 Q. Dr. Perri, we are going to flip specifically      6 to Page 363. Are you aware that Doug Boothe was the      7 CEO of Allergan?      8 A. As I recall, his title was -- I can't recall      9 his exact title.      10 Q. Okay. Well, I'll represent to you that he      11 was the CEO. And if you could look at Page 363,      12 starting at line 23, I'll read to you the question      13 and I'll eliminate the objections and then read the      14 answer. Line 23 of page 363 of Doug Boothe's      15 deposition.      16 Question: Were you aware of any KOL      17 development at either Alpharma or Actavis when      18 you were there?      19 Answer: As I previously said, we at Actavis      20 did no KOL activity for Kadian or any of our      21 generic approved products.      22 Question: Were you aware of any KOL      23 development for any opioid products at Alpharma      24 or Actavis?      25 Let's just focus on the first part. Do you</p>

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<p>1 see where he said: Actavis did no KOL activity for      2 Kadian or any of our generic approved products?      3 A. Yes.      4 Q. Do you have any basis to dispute that      5 testimony?      6 A. No.      7 Q. Now, you referred to Schedule 18 of your      8 report.      9 A. Uh-huh.      10 Q. Which is the section about amounts paid to      11 KOLs and you first mentioned Chester Chorazy, right?      12 A. Yes.      13 Q. Who is Chester Chorazy?      14 A. I don't know.      15 Q. How long has he been a KOL?      16 A. I don't know.      17 Q. Who is he employed by?      18 A. I don't know.      19 Q. On what basis do you claim he was a KOL for      20 Allergan?      21 A. On the basis that he is on this list, but we      22 can pull that document and answer those questions.      23 Q. Do you know anything about Mr. Chorazy's      24 background as a KOL?      25 A. No, I don't.</p>	<p>1 A. Yes. It was not approved, right.      2 Q. Okay. So it was not approved by the FDA; is      3 that accurate?      4 A. Not approved by the FDA and not marketed by      5 the company, either one.      6 Q. Okay. So that means no patient was ever      7 prescribed MoxDuo?      8 MR. CHALOS: Object to the form.      9 A. I guess that's true, yes, unless somebody      10 did something untoward.      11 Q. And your voice dropped. I think you said      12 that MoxDuo was never marketed; is that accurate?      13 MR. CHALOS: Object to the form.      14 A. That is my understanding, that MoxDuo didn't      15 ever launch.      16 Q. Do you have any opinion as to whether      17 Actavis was involved in continuing medical education      18 courses?      19 A. I don't recall.      20 Q. What about Allergan, do you have any opinion      21 as to whether Allergan was involved in any      22 continuing medical education courses?      23 A. Again, I don't recall specifically Allergan.      24 Q. Is there anything that you could use to      25 refresh your recollection on those?</p>
<p style="text-align: center;">Page 606</p> <p>1 Q. Do you know anything about his area of      2 expertise?      3 A. As I said, his presence on this list tells      4 me there were amounts paid to him. That's what I      5 know.      6 Q. Okay. What about David Sua, Nutal, or      7 Stewart Lewis, would the answer be the same for all      8 of those individuals?      9 A. Same answer for all of those, yes.      10 Q. In other words, you don't know who they are      11 and you don't know how long they worked as a KOL?      12 A. I don't recognize those specific names, yes.      13 Q. Do you have any opinion as to whether      14 Actavis worked with pain advocacy organizations to      15 promote opioids?      16 A. I don't think they did.      17 Q. Do you have any opinion as to whether      18 Allergan worked with pain advocacy organizations to      19 promote opioids?      20 A. Same answer.      21 Q. I know this morning a drug called MoxDuo      22 came up, and I don't want to put words in your mouth      23 but according to my notes, I think you mentioned      24 MoxDuo as an example of a drug that never made it to      25 market, correct?</p>	<p style="text-align: center;">Page 608</p> <p>1 A. Well, if I looked -- if I pulled the Kadian      2 marketing plans or other marketing plans, perhaps,      3 that would -- if they were going to do it, it would      4 be, generally speaking, in the marketing plans, so      5 we could look at that.      6 Q. Yes. Okay. So that's going to be Exhibit      7 Number 32.      8 (Perri Exhibit 32 was marked for      9 identification.)      10 BY MS ZOLNER:      11 Q. I'm going to show you another document,      12 Dr. Perri. This is ALLERGAN_MDL_01104711, for the      13 record. The document is titled "Healthcare      14 Compliance Business Rules."      15 A. Okay.      16 Q. Have you seen this document before?      17 A. It does not look familiar to me, but I've      18 looked at a lot of documents.      19 Q. You have looked at a lot of documents.      20 A. I'm just beginning. Let me scan through it      21 and --      22 Q. Sure.      23 MR. CHALOS: Is this number 32?      24 MS. ZOLNER: It is.      25 A. There are certainly things in here that look</p>

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<p>1 familiar to me, but again, I can't say I've seen      2 this specific document.</p> <p>3 Q. The title of this document is "Sales      4 Representative's Interactions with Healthcare      5 Professionals &amp; Patients," correct?</p> <p>6 A. Yes.</p> <p>7 Q. And the effective date of this document is      8 January 5th, 2010?</p> <p>9 MR. CHALOS: Hold on. Object to the form.      10 He just said he's never seen this document. If      11 you are just asking him to read it and say that's      12 what it says, that's one thing, but I don't think      13 you can ask him to affirm that that's true.</p> <p>14 Q. Does the document represent that it was      15 effective as of January 5th, 2010?</p> <p>16 A. Yes.</p> <p>17 Q. If you could look at Page 7, under      18 Educational Grants -- this is Section 12.0.</p> <p>19 A. Yes.</p> <p>20 Q. Do you see under Section 12.2 in bold it      21 says: "At this time Actavis will not be offering      22 any educational grants?"</p> <p>23 A. It does say that in this document, yes.</p> <p>24 Q. Do you have any basis to dispute that      25 Actavis was not offering educational grants at this</p>	<p>1 weren't planning on doing it right now.</p> <p>2 Q. Right. But a couple of questions ago I      3 think that you testified that you don't have any      4 recollection of whether Allergan or Actavis was      5 involved in any continuing medical education,      6 correct?</p> <p>7 MR. CHALOS: Object to the form.</p> <p>8 A. I think what I said was I didn't have a      9 specific -- a specific program that I could point to      10 that -- yes, so the answer is yes.</p> <p>11 Q. What about general?</p> <p>12 MR. CHALOS: Object to the form.</p> <p>13 Q. Do you have any general knowledge of any      14 continued medical education that Allergan or Actavis      15 was involved with?</p> <p>16 MR. CHALOS: Object to the form.</p> <p>17 A. As I sit here right now, I can't -- I can't      18 have a -- I don't have an answer for that because I      19 just don't remember.</p> <p>20 Q. Okay. Do you have any opinion as to whether      21 Actavis ever hosted speakers bureaus?</p> <p>22 A. Again, I need to look at the Actavis      23 marketing or the marketing plans because --</p> <p>24 Q. Have you not looked at those plans?</p> <p>25 A. No, I have. I've just -- I've looked at</p>
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<p>1 time?</p> <p>2 MR. CHALOS: Object to the form.</p> <p>3 A. So, I -- yeah. I -- I mean, I'm not      4 disputing that they are not involved. I don't have      5 a specific recollection of them being involved in      6 these programs, but I'm just uncomfortable drawing      7 conclusions from, you know, this cursory look at      8 this document that I haven't really had a chance to      9 review or a document that I am not exactly sure      10 where it fits into the big picture of things that      11 I've examined in this case. I know that this --      12 what this appears to be is a document where      13 Allergan/Actavis was sort of setting out the rules      14 of the road for a sales force that they were going      15 to employ.</p> <p>16 Q. Right.</p> <p>17 A. So it -- it looks like it's consistent with      18 what I would expect to see and it definitely says at      19 this time Actavis will not be offering any      20 educational grants. What I would point out is that      21 offering of educational grants is typically      22 something you find in the marketing plans for      23 branded products. So the fact that they are saying      24 they're not going to do it at this time doesn't tell      25 me that they never did it. It just says they</p>	<p>1 hundreds and hundreds of marketing plans and I can't      2 tell you off the top of my head what's in every      3 single one of them. So if you are going to ask me a      4 specific question about that, I need to look at the      5 marketing plans to see if they laid out plans and      6 then I would know which documents or what to look at      7 to know if those were actually enacted.</p> <p>8 Q. Do you have any opinion as to whether      9 Allergan ever hosted speakers bureaus?</p> <p>10 A. Same answer.</p> <p>11 Q. Okay. You just -- you don't know as you sit      12 here right now?</p> <p>13 A. I would need to look the marketing plans to      14 refresh my memory about what they did or didn't do      15 specifically in each category for all of the      16 categories of marketing that I put in my report.</p> <p>17 Q. You understand that Allergan is one of seven      18 manufacturing defendants that has been sued in this      19 MDL, correct?</p> <p>20 MR. CHALOS: Object to the form.</p> <p>21 A. The list is longer than seven but I      22 understand that that's what we're talking about here      23 today.</p> <p>24 Q. In preparation for your deposition today did      25 you do anything to try to determine which</p>